		170.11111	JII FAUE I ULJI	
Fill in this infor	mation to identify your	case:		
Debtor 1	Clinton A Pohl			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA	
Case number	17-22515			
(if known)				

ck if this is an ended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	
		Value of	of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	165,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	48,650.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	213,650.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	199,355.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	285.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	87,291.0
	Your total liabilities	\$	286,931.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,746.0
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,701.0
Par	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes 28 LLS C. & 159		, family, or

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Clinton A Pohl Document Page 2 of 51 Case number (if known) 17-22515

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_4,857.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	285.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	285.00

				Dο	cument	Page 3 of 51			
Fill ir	n this info	rmation to identify	your case and th	is filinç	g:				
Debte	or 1	Clinton A Po							
Debte	or 2	First Name	Middle	Name	L	ast Name			
	se, if filing)	First Name	Middle	Name	L	ast Name			
Jnite	d States B	ankruptcy Court for	the: WESTERN	DISTR	ICT OF PENNS	YLVANIA			
Caca	number	17 22515							
Case	Humber	17-22515							Check if this is an amended filing
Offi	cial Fo	orm 106A/B	<b>,</b>						
		le A/B: Pr	_						12/15
				n accat	only onco. If an	asset fits in more than one	catogony list t	ho asset in	
	er every que	estion.	·			op of any additional pages or Have an Interest In	, write your nar	ne and case	number (if known).
D-									
. ро	you own or	nave any legal or eq	uitable interest in a	ny resia	ience, building, la	nd, or similar property?			
	No. Go to Pa								
•	Yes. Where	is the property?							
1.1				What	t is the property?	Chack all that apply			
	295 Elm	Street		vviia.	Single-family hon		Do not doduct	encured ela	ims or exemptions. Put
-	Street address	s, if available, or other des	cription		Duplex or multi-u		the amount of	any secured	d claims on Schedule D:
				_	Condominium or	cooperative	Creditors Who	o Have Clain	ns Secured by Property.
				П	Manufactured or	mobile home			
	Pittsburg	gh PA	15237-0000				Current value entire proper		Current value of the portion you own?
-	City	State	ZIP Code		Investment prope	erty	• • •	,000.00	\$165,000.00
									our ownership interest
				Who		the property? Check one	(such as fee a life estate),		ancy by the entireties, or
						the property remember one	Fee Simpl	е	
	Alleghen	ıy							
_	County					otor 2 only	☐ Check if	this is com	munity property
						e debtors and another	(see instru	ctions)	. J
					r information you erty identification	wish to add about this iten	n, such as loca	I	
				ргор	erty identification	number.			
						m Part 1, including any			\$165,000.00
р	ages you	have attached for	Part 1. Write that	numbe	r here		=>	.	φ 103,000.0U

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Case 17-22515-GLT Doc 22 Page 4 of 51 Document Case number (if known) 17-22515 Debtor 1 **Clinton A Pohl** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Doge Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Ram Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 2015 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Value based on KBB \$33,000.00 \$33,000.00 31,500-34,000 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$33,000,00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household goods: LR set (couch, chair, coffee & end tables, \$11,500.00 lamps, decorative pictures, 2 br sets 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$2,000.00 Televisions, ipod, sound system, dvd 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;

musical instruments

■ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Official Form 106A/B Schedule A/B: Property

D	ebtor 1	Clinton A Po	hl	Document	Page 5 of 51	e number (if known)	17-22515
	П Уес	Describe				, ,	
44							
11.			othes, furs, leather co	oats, designer wear, shoes	, accessories		
	□ No	Describe					
	■ Yes.	Describe					
			General day to	day clothing, shoes, e	tc		\$750.00
12.	. <b>Jewelr</b> Exam <sub>l</sub>		welry, costume jewel	ry, engagement rings, wed	lding rings, heirloom jewelry	y, watches, gems, g	old, silver
	□ No						
	■ Yes.	Describe					
			Watch				\$150.00
13.		i <b>rm animals</b> ples: Dogs, cats, b	oirds, horses				
	■ No	o.oo. 2 ogo, oa.o, .	on do, 110.000				
	☐ Yes.	Describe					
14.	. Any ot	her personal and	d household items	you did not already list, i	ncluding any health aids	you did not list	
	■ No	0					
	⊔ Yes.	Give specific info	ormation			_	
15	5. <b>Add f</b>	the dollar value o	of all of your entries	s from Part 3. including a	iny entries for pages you	have attached	
			•				\$14,400.00
						L	
		scribe Your Financ		terest in any of the follow	vina?		Current value of the
_	o you or	vii oi nave any ic	ogai or equitable in	torost in any or the rollow	,g.		portion you own?
							Do not deduct secured claims or exemptions.
16.	. Cash						
	Exam <sub>l</sub> ☐ No	oles: Money you h	nave in your wallet, in	n your home, in a safe dep	osit box, and on hand wher	n you file your petition	on
	_						
						Pagh.	¢250.00
						Cash	\$250.00
17.	. Depos	its of money					
		<i>bles:</i> Checking, sa		ncial accounts; certificates of accounts with the same ins	of deposit; shares in credit	unions, brokerage h	ouses, and other similar
	□ No	montations.	n you have maniple		·		
	Yes			Institution r	name:		
			17.1	Alleghen	y Valley Bank		\$1,000.00
			17.1.	Allegileii	y valley ballk		φ1,000.00 
18	Bonds	. mutual funds. o	or publicly traded s	tocks			
	Examp			s with brokerage firms, mor	ney market accounts		
	■ No		Institution o	or issuer name:			
19.		ublicly traded sto enture	ock and interests ir	n incorporated and uninc	orporated businesses, in	cluding an interes	in an LLC, partnership, and
	□ No						
	Yes.	Give specific info	ormation about them				

Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Case 17-22515-GLT Doc 22 Page 6 of 51 Document Case number (if known) 17-22515 Debtor 1 Clinton A Pohl Name of entity: % of ownership: Sauce Inc 500 Washington Avenue Bridgeville, PA 15017 100 \$0.00 % (closed) **Coconutz Beach Inc** 1155 Washington Pike, suite 55 33 Unknown Bridgeville, PA 15017 % 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B Schedule A/B: Property page 4

Case 17-22515-GLT Doc 22 Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Document Page 7 of 51 Case number (if known) 17-22515 Debtor 1 Clinton A Pohl 29 Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **AXA Equitable Life Ins** No Cash Value Debtor has interest in policy on Clinton A. Pohl \$0.00 another insured 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,250,00 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

for Part 4. Write that number here.....

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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Case number (if known) 17-22515 Document Debtor 1 Clinton A Pohl

53.	Do you have other property of any kind you did not already I Examples: Season tickets, country club membership	ist?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$165,000.00
56.	Part 2: Total vehicles, line 5	\$33,000.00		
57.	Part 3: Total personal and household items, line 15	\$14,400.00		
58.	Part 4: Total financial assets, line 36	\$1,250.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$48,650.00	Copy personal property to	tal <b>\$48,650.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$213 650 00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor				
Debtor 1	Clinton A Pohl			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (	OF PENNSYLVANIA	
Case number	17-22515			
(if known)				☐ Check if this is an amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify th	e Property You C	laim as Exempt
---------------------	------------------	----------------

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
■ You are claiming federal exemptions	g federal exemptions. 11 U.S.C. § 522(b)(2)								
2. For any property you list on Schedu	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
Brief description of the property and line Schedule A/B that lists this property	on Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
295 Elm Street Pittsburgh, PA 15 Allegheny County	\$165,000.00		\$4,920.00	11 U.S.C. § 522(d)(1)					
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
Household goods: LR set (couch chair, coffee & end tables, lamps			\$11,500.00	11 U.S.C. § 522(d)(3)					
decorative pictures, 2 br sets Line from Schedule A/B: 6.1	, -		100% of fair market value, up to any applicable statutory limit						
Televisions, ipod, sound system	, dvd \$2,000.00		\$1,125.00	11 U.S.C. § 522(d)(3)					
Line Irom Schedule A/B. 7.1			100% of fair market value, up to any applicable statutory limit						
General day to day clothing, sho	es, \$750.00		\$0.00	11 U.S.C. § 522(d)(3)					
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit						
Watch Line from Schedule A/B: 12.1	\$150.00		\$150.00	11 U.S.C. § 522(d)(4)					
Line nom <i>Schedule A/D</i> . 12.1			100% of fair market value, up to any applicable statutory limit						

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1 Clinton A Pohl Case number (if known) 17-22515

Deni	CIIIIOII A FOIII		Case number (ii known)	17-22313
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
	Cash Line from Schedule A/B: 16.1	\$250.00	\$250.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
	Allegheny Valley Bank Line from <i>Schedule A/B</i> : <b>17.1</b>	\$1,000.00	\$1,000.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property coverd  No  Yes	3 years after that for ca		,

		Document	Page 1	1 of 51		
Filli	n this information to identify you	ur case:				
Deb	tor 1 Clinton A Dobl					
Deb	tor 1 Clinton A Pohl First Name	Middle Name	Last Name			
Deb	tor 2	date i tallite	20011101110			
	rse if, filing) First Name	Middle Name	Last Name			
Unite	ed States Bankruptcy Court for the	: WESTERN DISTRICT OF PEN	INSYLVANI	A		
Case	e number 17-22515					
(if kno	11 ==010				☐ Check	if this is an
					ameno	led filing
∩ffi	cial Form 106D					
		· M/b · Llove Cloims ·	C	al bu Duanant		
SC	neaule D: Creattors	Who Have Claims	Secure	ed by Propert	<u>y</u>	12/15
is nee	eded, copy the Additional Page, fill it	If two married people are filing togethout, number the entries, and attach it t				
	er (if known).	. •				
	any creditors have claims secured b					
I	☐ No. Check this box and submit t	his form to the court with your other	schedules.	You have nothing else t	to report on this form.	
ı	Yes. Fill in all of the information	below.				
Part	1: List All Secured Claims					
		more then one control claim list the are	ditar assarata	Column A	Column B	Column C
		more than one secured claim, list the crees a particular claim, list the other creditors			Value of collateral	Unsecured
much	n as possible, list the claims in alphabet	ical order according to the creditor's name	e.	Do not deduct the	that supports this	portion
	Farmers National Bank of			value of collateral.	claim	If any
2.1	Emlenton	Describe the property that secures t	he claim:	\$47,800.00	\$165,000.00	\$0.00
	Creditor's Name	295 Elm Street Pittsburgh, P	A 15237			
		Allegheny County				
	612 Main Street, Drawer					
	D	As of the date you file, the claim is: apply.	Check all that			
	Emlenton, PA 16373	Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
■ D	ebtor 1 only	☐ An agreement you made (such as r	mortgage or s	ecured		
□ D	ebtor 2 only	car loan)				
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
ΠА	t least one of the debtors and another	☐ Judgment lien from a lawsuit				
	theck if this claim relates to a	Other (including a right to offset)	Mortgage	•		
•	community debt					
Date	debt was incurred 15	Last 4 digits of account number	6789	<u> </u>		
	1					
2.2	Farmers National Bank of	Describe the property that accuracy	ho oloimi	\$104,875.00	\$165,000.00	\$0.00
	Creditor's Name	Describe the property that secures t		Ψ104,070.00	Ψ100,000.00	Ψ0.00
	Creditor 3 Name	295 Elm Street Pittsburgh, P Allegheny County	'A 15237			
	612 Main Street, Drawer	Allegherry County				
	D	As of the date you file, the claim is:	Check all that			
	Emlenton, PA 16373	apply.  Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
	, , , , , , , , , , , , , , , , , , ,	☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
<b>■</b> D	ebtor 1 only	☐ An agreement you made (such as r	mortgage or s	ecured		
	ebtor 2 only	car loan)				
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	t least one of the debtors and another	☐ Judgment lien from a lawsuit				
□с	check if this claim relates to a	Other (including a right to offset)	Home Eq	uity LOC/2nd mtg		

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Debt	tor 1 Clinton A Pohl			Case number (if know)	17-22515	
	First Name Middle N	ame Last Name	_			
Date	debt was incurred 15	Last 4 digits of account numb	ber <u>6797</u>			
2.3	PA Department of Revenue	Describe the property that secures t	the claim:	\$275.00	\$0.00	\$275.00
	Creditor's Name  Bankruptcy Division	295 Elm Avenue, Piitsburgh 15237				
	PO Box 280946 Harrisburg, PA 17128-0496	As of the date you file, the claim is: apply.  Contingent	Check all that			
	Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
	ebtor 1 only ebtor 2 only	☐ An agreement you made (such as r car loan)	mortgage or se	ecured		
□ D □ C	ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim relates to a community debt	☐ Statutory lien (such as tax lien, med☐ ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	,	x/withholding tax lie	n	
Date	debt was incurred	Last 4 digits of account numb	ber <u>9753</u>			
2.4	The Huntington National	Describe the property that secures t	the claim:	\$39,000.00	\$33,000.00	\$6,000.00
	Creditor's Name successor by First Merit	2015 Doge Ram Value based on KBB 31,500-				
	Bank III Cascade Plaza, 3rd Floor CAS 38 Akron, OH 44308	As of the date you file, the claim is: apply.  Contingent	Check all that			
	Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
	ebtor 1 only ebtor 2 only	☐ An agreement you made (such as r car loan)	mortgage or se	ecured		
$\square$ D	ebtor 1 and Debtor 2 only t least one of the debtors and another	☐ Statutory lien (such as tax lien, med☐ Judgment lien from a lawsuit	chanic's lien)			
	heck if this claim relates to a community debt	Other (including a right to offset)	Auto Loar	1		
Date	debt was incurred 15	Last 4 digits of account numb	ber <u>5338</u>			
2.5	The Mews of Town North Creditor's Name	Describe the property that secures t		\$7,405.00	\$165,000.00	\$0.00
	c/o Community Mgt Professionals	295 Elm Street Pittsburgh, P Allegheny County	'A 15237			
	102 Broadway Street, Suite 500 Carnegie, PA 15106	As of the date you file, the claim is: apply.  Contingent	Check all that			
	Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
	ebtor 1 only	An agreement you made (such as r car loan)	mortgage or se	ecured		
	ebtor 2 only		ahaniale !!\			
	ebtor 1 and Debtor 2 only t least one of the debtors and another	☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	crianic's lien)			
□с	heck if this claim relates to a	Other (including a right to offset)	Condo Fe	es		

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Debtor 1	Clinton A Pohl				Case number (if know)	17-22515	
	First Name	Middle Name	Last Name				
Date debt	was incurred	16-17	Last 4 digits of account number	295			
Add the	dollar value of	your entries in Columr	n A on this page. Write that number h	nere:	\$199,355	5.00	
	the last page of	•	ollar value totals from all pages.		\$199,355	5.00	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:						
Debtor 1 Clinton A Pohl First Name N	fiddle Name Last Nan					
Debtor 2	fiddle Name Last Nan	ne				
	Middle Name Last Nan	ne				
United States Bankruptcy Court for the: WEST	FERN DISTRICT OF PENNSYLVA	ANIA				
Case number						
known)				_	Check if this amended fili	
Official Form 106E/F						
Schedule E/F: Creditors Who H	ave Unsecured Claim	ıs			1:	2/15
chedule G: Executory Contracts and Unexpired Least chedule D: Creditors Who Have Claims Secured by Inft. Attach the Continuation Page to this page. If you hame and case number (if known).  Part 1: List All of Your PRIORITY Unsecured	Property. If more space is needed, c have no information to report in a P	opy the Part	you need, fill it out, i	number the e	ntries in the I	ooxes on the
<ul> <li>Do any creditors have priority unsecured claims</li> <li>No. Go to Part 2.</li> </ul>	against you?					
■ No. Go to Part 2.						
■ Yes.						
Yes.	iority and nonpriority amounts, list that ing to the creditor's name. If you have it aim, list the other creditors in Part 3.	claim here a more than two	nd show both priority a	nd nonpriority aims, fill out th	amounts. As le Continuation	much as n Page of priority
Yes.  List all of your priority unsecured claims. If a crecidentify what type of claim it is. If a claim has both pr possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the interpretable of the control of the	iority and nonpriority amounts, list that ing to the creditor's name. If you have laim, list the other creditors in Part 3. structions for this form in the instruction	claim here au more than two n booklet.)	nd show both priority a priority unsecured cla Total claim	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a crecidentify what type of claim it is. If a claim has both pr possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the interpretable of the control of the claim in the claim is the claim.	iority and nonpriority amounts, list that ing to the creditor's name. If you have it aim, list the other creditors in Part 3.	claim here au more than two n booklet.)	nd show both priority a o priority unsecured cla	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a creidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division P.O. Box 280946 Harrisburg, PA 17128	iority and nonpriority amounts, list that ing to the creditor's name. If you have it laim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number.  When was the debt incurred?	claim here at more than two n booklet.)  r 9753	nd show both priority a priority unsecured class a priority unsecured class at a priority under the priority u	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a creidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification (For an explanation of each type of claim, see the interpretable of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946	iority and nonpriority amounts, list that ing to the creditor's name. If you have laim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim	claim here at more than two n booklet.)  r 9753	nd show both priority a priority unsecured class a priority unsecured class at a priority under the priority u	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a creation identify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.	iority and nonpriority amounts, list that ng to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the clain  Contingent	claim here at more than two n booklet.)  r 9753	nd show both priority a priority unsecured class a priority unsecured class at a priority under the priority u	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a creidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated	claim here at more than two n booklet.)  r 9753	nd show both priority a priority unsecured class and claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
Yes.  List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only	iority and nonpriority amounts, list that ing to the creditor's name. If you have laim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed	claim here all more than two in booklet.)  r 9753  16  n is: Check a	nd show both priority a priority unsecured class and claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
■ Yes.  List all of your priority unsecured claims. If a cree identify what type of claim it is. If a claim has both pr possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification (For an explanation of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated	claim here all more than two in booklet.)  r 9753  16  n is: Check a	nd show both priority a priority unsecured class and claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
■ Yes.  List all of your priority unsecured claims. If a creidentify what type of claim it is. If a claim has both prepossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular of (For an explanation of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.  Disputed.  Type of PRIORITY unsecured claim.  Domestic support obligations.	claim here almore than two n booklet.)  r 9753  16  n is: Check a	Total claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
List all of your priority unsecured claims. If a cree identify what type of claim it is. If a claim has both pr possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.  Disputed.  Type of PRIORITY unsecured claim.  Domestic support obligations.	claim here almore than two n booklet.)  r 9753 16 n is: Check a	Total claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority
List all of your priority unsecured claims. If a creation identify what type of claim it is. If a claim has both propossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification (For an explanation of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3.  structions for this form in the instruction  Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  Contingent.  Unliquidated.  Disputed.  Type of PRIORITY unsecured claim.  Taxes and certain other debts.	claim here almore than two n booklet.)  r 9753 16 n is: Check a	Total claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
List all of your priority unsecured claims. If a creatidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured of Domestic support obligations  Taxes and certain other debts  Claims for death or personal in	claim here almore than two n booklet.)  r 9753 16 n is: Check a	Total claim \$285.00	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
■ Yes.  List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both pr possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular classification (For an explanation of each type of claim, see the interval of the priority Creditor's Name  Attn: Bankruptcy Division  P.O. Box 280946  Harrisburg, PA 17128  Number Street City State Zip Code  Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt is the claim subject to offset?  ■ No  □ Yes	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured of Domestic support obligations  Taxes and certain other debts  Claims for death or personal in Other. Specify  State Sale	claim here almore than two n booklet.)  r 9753 16 n is: Check a	Total claim \$285.00  If that apply  government u were intoxicated	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
List all of your priority unsecured claims. If a crevidentify what type of claim it is. If a claim has both prossible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular of (For an explanation of each type of claim, see the interpretation of each t	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claims  Taxes and certain other debts  Claims for death or personal in  Other. Specify  State Sale	claim here almore than two n booklet.)  r 9753 16 n is: Check a	Total claim \$285.00  If that apply  government u were intoxicated	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt
■ Yes.  List all of your priority unsecured claims. If a cree identify what type of claim it is. If a claim has both prossible, list the claims in all phabetical order according Part 1. If more than one creditor holds a particular of (For an explanation of each type of claim, see the interval of the content of the claim subject to offset?  Priority Creditor's Name Attn: Bankruptcy Division P.O. Box 280946 Harrisburg, PA 17128 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Yes  Part 2: List All of Your NONPRIORITY Unser	iority and nonpriority amounts, list that ing to the creditor's name. If you have relaim, list the other creditors in Part 3. structions for this form in the instruction  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim  Domestic support obligations  Taxes and certain other debts  Claims for death or personal in  Other. Specify  State Sale  cured Claims  ims against you?	claim here almore than two n booklet.)  r 9753 16 n is: Check a laim: you owe the njury while yo	Total claim \$285.00  If that apply  government u were intoxicated	nd nonpriority aims, fill out th  Priority amount	amounts. As le Continuation Non amo	much as n Page of priority unt

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor 1 Clinton A Pohl Case number (if know) 17-22515 4.1 \$0.00 **Brett A. Solomon** Last 4 digits of account number n/a Nonpriority Creditor's Name Tucker Arensberg, P.C. When was the debt incurred? 1500 One PPG Place Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Notice Only-Attorney for The Huntington** Other. Specify National Bank ☐ Yes 4.2 C.A. Curtze Co. Last 4 digits of account number 2030 \$7,785.00 Nonpriority Creditor's Name c/o Amato Keating and Lessa, P.C. When was the debt incurred? 16 107 North Commerce Way Bethlehem, PA 18017 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Goods and Services ☐ Yes 4.3 Christopher J. Davis, Esq. \$0.00 Last 4 digits of account number n/a Nonpriority Creditor's Name Sherrard German & Kelly When was the debt incurred? 535 Smithfield Strett, Suite 300 Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Notice Only-Attorney for SYSCO Corp and ■ Other Specify Sysco Pgh ☐ Yes

Entered 07/17/17 19:06:23 Case 17-22515-GLT Doc 22 Filed 07/17/17 Desc Main Document Page 16 of 51 Debtor 1 Clinton A Pohl ase number (if know) 17-22515 4.4 **Duguesne Light** Last 4 digits of account number 9753 Unknown Nonpriority Creditor's Name c/o Peter Ashcroft When was the debt incurred? 16 Bernstein-Burkley P.C 707 Grant Street, Suite 2220, Gulf Tower Pittsburgh, PA 15219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only/Attorney for Duquesne Light ☐ Yes 4.5 **Gibraltar Capital Advance** Last 4 digits of account number \$48,400.00 unknown Nonpriority Creditor's Name 600 West Jackson Boulevard When was the debt incurred? 14 Suite 750 Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Unsecured Loan** Other. Specify 4.6 Jeffery Buckel Last 4 digits of account number unknown \$20,000.00 Nonpriority Creditor's Name 118 Pleasant Drive When was the debt incurred? 15-16 Canonsburg, PA 15317 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated

Page 17 of 51 Case number (if know) Debtor 1 Clinton A Pohl 17-22515 4.7 \$0.00 Michael W. Sloat, Esquire Last 4 digits of account number N/A Nonpriority Creditor's Name Lynn, King & Schreffler When was the debt incurred? N/A 606 Main Street Emlenton, PA 16373 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Notice Only/Attorneys for Farmers National Other. Specify Bank of Emlenton ☐ Yes 4.8 **Northwest Bank** Last 4 digits of account number 0364 \$5,136.00 Nonpriority Creditor's Name P.O. Box 37 When was the debt incurred? 15 Warren, PA 16365 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured Loan ☐ Yes 4.9 **Peoples Natural Gas Co LLC** \$950.00 Last 4 digits of account number 4816 Nonpriority Creditor's Name Attn: Bankruptcy Division When was the debt incurred? 16-17 375 North Shore Drive Pittsburgh, PA 15212 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Gas Service ☐ Yes

Debtor 1 Clinton A Pohl Page 18 of 51
Case number (if know) 17-22515

4.1 0	Portfolio Recovery Associates LLC	Last 4 digits of account number 8590	\$5,020.00
	Nonpriority Creditor's Name		
	P.O. Box 41067	When was the debt incurred? 15	
	Norfolk, VA 23541  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, and all a year may and claim to cross that supply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection-(purchased from Barclays Bank Delaware)	
4.1	Robert C. Edmundson, Esq	Last 4 digits of account number n/a	\$0.00
	Nonpriority Creditor's Name Office of Attorney General 564 Forbes Avenue 5th Floor, Manor Complex	When was the debt incurred?	
	Pittsburgh, PA 15219  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Only	
4.1	S. James Wallace PC	Last 4 digits of account number n/a	\$0.00
	Nonpriority Creditor's Name		
	845 N. Lincoln Avenue	When was the debt incurred?	
	Pittsburgh, PA 15233  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	Notice Only-Attorney for Peoples Natural  Gas Co LLC	

Document Page 19 of 51 Debtor 1 Clinton A Pohl Case number (if know) 17-22515 4.1 Stephen Craig Zumbrum unknown \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Thomas H. Ayoob III & Associates, When was the debt incurred? II C 710 Fifth Avenue, Suite 2000 Pittsburgh, PA 15219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Notice Only-Attorney for The News of Town ☐ Yes Other. Specify Sysco Corporation and Sysco 6762 \$0.00 Pittsburgh Last 4 digits of account number Nonpriority Creditor's Name One Harmony Drive When was the debt incurred? 15-16 Harmony, PA 16037 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Goods provided/money loaned ☐ Yes 4.1 The Levicoff Law Firm PC 8138 Unknown Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Avrum Levicoff, Esquire When was the debt incurred? 13 4 PPG Place, Suite 200 Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ No

☐ Yes

□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify Notice Only-Attorney for Felix G. Fukui

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					_
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	285.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	285.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	87,291.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	87,291.00

		12121111		
Fill in this info	ormation to identify your	case:		
Debtor 1	Clinton A Pohl			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	WESTERN DISTRICT C	OF PENNSYLVANIA	
Case number	17-22515			
(if known)				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number,	whom you have the Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

		Docume	nt Page 22 of	51		
Fill in this	s information to identify your	case:				
Debtor 1	Clinton A Pohl					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, fil	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA			
Case num	ber <b>17-22515</b>					
(if known)					☐ Check if this is an amended filing	
O.(;; ;	15 40011				<b>3</b>	
	I Form 106H	•				
Sched	dule H: Your Cod	ebtors			12/15	
people are fill it out, a your name	e filing together, both are equ	ally responsible for supp boxes on the left. Attack Answer every question	olying correct information the Additional Page to	on. If more space is r this page. On the to	ate as possible. If two married needed, copy the Additional Pag p of any Additional Pages, write	
_	,	you are ming a joint oace,	do not not officer opouco t	ao a codobion.		
■ No						
☐ Ye	S					
	t <b>hin the last 8 years, have you</b> na, California, Idaho, Louisiana					
	. Go to line 3.		outh or at the fire of			
⊔ Ye	s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?			
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make s	ure you have listed t	g with you. List the person show he creditor on Schedule D (Offic Schedule E/F, or Schedule G to	ial
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the deb es that apply:	t
3.1				☐ Schedule D, lir	ne	
	Name			☐ Schedule E/F,		
				☐ Schedule G, lir	ne	
	Number Street City	State	ZIP Code	-		
	City	State	ZIF Code			
3.2				☐ Schedule D, lir	ne	
<u> </u>	Name			☐ Schedule E/F,		
				☐ Schedule G, lir		
	Number Street			-		

State

City

ZIP Code

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Fill	in this information to ider	ntify your ca	ase:								
Del	otor 1 Clin	nton A Po	ohl .			_					
	otor 2					_					
Uni	ted States Bankruptcy Co	ourt for the	WESTERN DISTRICT	OF PENNSYLVAN	IA						
Cas	se number 17-2251	5					Chec	k if this is:	:		
(If kr	nown)			•			□ A	n amende	ed filing		
										g postpetition ollowing date:	
0	fficial Form 10	<u>61</u>					N	1M / DD/ Y	/YYY		
S	chedule I: You	ur Inco	ome								12/15
spo atta	use. If you are separate	ed and you this form. (	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu	ıde infor	mati	on abou	t your spo	ouse. If mo	ore space is	needed,
١.	information.	erit.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than o		Employment status	■ Employed	■ Employed			☐ Empl	oyed		
	attach a separate page information about addit employers.		. ,	☐ Not employed				☐ Not e	mployed		
		anal ar	Occupation	Business Development							
	Include part-time, seas self-employed work.	orial, or	Employer's name	H-Mak Inc							
	Occupation may includ or homemaker, if it app		Employer's address	3 Beta Drive Pittsburgh, PA	15238						
			How long employed to	here? 8 mont	ths			_			
Par	t 2: Give Details	About Mon	thly Income								
<b>Esti</b> spou	mate monthly income a use unless you are separ	s of the dated.	ate you file this form. If	you have nothing to	report for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spous e space, attach a separa		ore than one employer, co this form.	ombine the information	on for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		btor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$	4	,807.00	\$	N/A	
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Incor	<b>ne.</b> Add lin	e 2 + line 3.		4.	\$	4,80	07.00	\$	N/A	

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Deb	tor 1	Clinton A Pohl	_	Ca	ase number (if kno	own)	17-2	2515	
				ı	For Debtor 1			Debtor 2 or -filing spous	e
	Сор	y line 4 here	4.	-5	4,807.	.00	\$	N/	
5.	l ict	all payroll deductions:							_
0.			Fo	. (	4 244	00	æ	NI.	/ A
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.			.00	\$_ \$		<u>'A</u> 'A
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$_	N/	
	5d.	Required repayments of retirement fund loans	5d.			.00	\$_	N/	
	5e.	Insurance	5e.	. 9		.00	\$	N/	
	5f.	Domestic support obligations	5f.	9	0.	.00	\$	N/	<b>'</b> A
	5g.	Union dues	5g.			.00	\$	N/	
	5h.	Other deductions. Specify:	5h.	.+ 3	<u> </u>	.00	+ \$	N/	<u>'A</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,311.	.00	\$	N/	<u>'A</u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,496.	.00	\$	N/	<u>'A</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	,			•		
	O.L.	monthly net income.	8a.				\$_		<u>'A</u>
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8b.	. :	) <u> </u>	.00	\$	N/	<u>'A</u>
	oc.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	. (	S 0	.00	\$	N	<b>′</b> A
	8d.	Unemployment compensation	8d.			.00	\$_		'A
	8e.	Social Security	8e.	. 9		.00	\$	N/	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	S	<b>0</b> .	.00	\$	N/	/A
	8g.	Pension or retirement income	8g.			.00	\$		<b>/</b> A
	8h.	Other monthly income. Specify:	8h.	.+ 3	0.	.00	+ \$	N/	<u>'A</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	250.	.00	\$	N	N/A
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,746.00	+ \$		N/A = \$	3,746.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			-,				
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify:	depe		.,		•	Schedule J. 11. +\$ _	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12. \$	3,746.00
			_						thly income
13.		vou expect an increase or decrease within the year after you file this form	?						
	П	Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2

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Fill in this inform	nation to identify yo	our case:			1		
Debtor 1	Clinton A Po				Cha	ck if this is:	
	CIIIIOIIAFO	111				An amended filing	
Debtor 2							wing postpetition chapter the following date:
(Spouse, if filing)						rs expenses as or	the following date.
United States Bar	kruptcy Court for the:	WESTE	ERN DISTRICT OF PENNS	SYLVANIA		MM / DD / YYYY	
Case number	17-22515						
Official F	orm 106J				I		
Schedul	e J: Your I	Exper	nses				12/ <sup>-</sup>
information. If number (if kno	more space is ne wn). Answer ever cribe Your House	eded, attary questio	. If two married people ar ach another sheet to this n.				
1. Is this a jo	int case?						
■ No. Go □ Yes. <b>D</b> o	to line 2. Des Debtor 2 live i	in a separ	ate household?				
	No Yes. Debtor 2 mus	st file Offic	ial Form 106J-2, <i>Expens</i> es	for Separate House	ehold of Deb	otor 2.	
2. Do you ha	ve dependents?	■ No					
Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
Do not star	te the						□ No
dependent	s names.						☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
				-		_	☐ Yes
							☐ Yes
	xpenses include		l <sub>No</sub>			_	<b>1</b> 103
	of people other the nd your depender	han $_{\square}$	Yes				
Estimate your	f a date after the b	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
Include expens the value of su (Official Form	ch assistance and	າon-cash d have ind	government assistance i cluded it on <i>Schedule I:</i> )	f you know our Income		Your exp	enses
	or home owners		nses for your residence. In or lot.	nclude first mortgag	e 4. S	\$	0.00
If not inclu	uded in line 4:						
4a. Rea	l estate taxes				4a. S	\$	0.00
4b. Prop	erty, homeowner's	s, or renter	r's insurance		4b. S	\$	0.00
	ne maintenance, re				4c. S	·	25.00
	neowner's associat				4d. 9	·	275.00
5 Additiona	i mortaaae navme	ants for w	<b>our residence</b> , such as ho	me equity loans	5 9	K.	0.00

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Debtor '	Clinton A	Pohl	Case num	ber (if known)	17-22515
6. <b>Ut</b> i	ilities:				
6a.		heat, natural gas	6a.	\$	250.00
6b	•	rer, garbage collection	6b.	\$	0.00
6c.		cell phone, Internet, satellite, and cable services	6c.	•	235.00
6d.	•		6d.	·	0.00
		keeping supplies	7.	·	350.00
		nildren's education costs	8.	\$	0.00
-		y, and dry cleaning	9.	\$	75.00
	-	oducts and services	10.	\$	
	•				30.00
	dical and den	•	11.	\$	40.00
	not include ca	Include gas, maintenance, bus or train fare.	12.	\$	275.00
		lubs, recreation, newspapers, magazines, and books	13.	·	0.00
		ibutions and religious donations	14.		0.00
	surance.	ibutions and religious donations	14.	Ψ	0.00
-		surance deducted from your pay or included in lines 4 or 20.			
	a. Life insurar		15a.	\$	0.00
	b. Health insu		15b.	•	0.00
_	c. Vehicle ins		15c.	·	146.00
	d. Other insur		15d.		0.00
		clude taxes deducted from your pay or included in lines 4 or 20.		<b>–</b>	0.00
_	ecify:	siddo taxos deducted from your pay of included in lines 4 of 20.	16.	\$	0.00
7. Ins	stallment or le	ase payments:			
17	<ul> <li>a. Car payme</li> </ul>	nts for Vehicle 1	17a.	\$	0.00
17	<ul> <li>b. Car payme</li> </ul>	nts for Vehicle 2	17b.	\$	0.00
17	c. Other. Spe	cify:	17c.	\$	0.00
17	d. Other. Spe	cify:	17d.	\$	0.00
		of alimony, maintenance, and support that you did not report as			0.00
		our pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
		you make to support others who do not live with you.		\$	0.00
	ecify:		19.		
		rty expenses not included in lines 4 or 5 of this form or on Sch			
		on other property	20a.		0.00
	b. Real estate		20b.	·	0.00
		omeowner's, or renter's insurance	20c.	·	0.00
		ce, repair, and upkeep expenses	20d.		0.00
20	e. Homeowne	er's association or condominium dues	20e.	\$	0.00
1. <b>O</b> t	her: Specify:		21.	+\$	0.00
2. <b>Ca</b>	Iculate your n	nonthly expenses			
	a. Add lines 4 t	• •		\$	1,701.00
		(monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,101100
		and 22b. The result is your monthly expenses.		\$	1 701 00
				Ψ	1,701.00
	•	nonthly net income.			
		2 (your combined monthly income) from Schedule I.	23a.		3,746.00
23	b. Copy your	monthly expenses from line 22c above.	23b.	-\$	1,701.00
22	c Subtract vo	our monthly expenses from your monthly income.			
23		s your <i>monthly net income</i> .	23c.	\$	2,045.00
		,	en	·	
		n increase or decrease in your expenses within the year after y			ease or decrease because o
		erms of your mortgage?			3. 400.0400 0004400 (
	No.				
		Explain here:			
	1 CS.	Explain note.			

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Fill in this info	ormation to identify your	case:			
Debtor 1	Clinton A Pohl				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA		
Case number	17-22515				
(if known)					☐ Check if this is an amended filing
	rm 106Dec	n Individual	Debtor's Sc	hodulos	
Declara	mon About a	iii iiiuiviuuai	Deploi 5 3c	nedule5	12/15
	18 U.S.C. §§ 152, 1341, 7	519, and 3571.			
Did you p	pay or agree to pay some	one who is NOT an attor	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				ry Petition Preparer's Notice, Signature (Official Form 119)
•	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	d with this declaration and	d
X /s/ CI	inton A Pohl		X		
	on A Pohl		Signature of	Debtor 2	
Signat	ture of Debtor 1				
Date	July 17, 2017		Date		

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E 11 1	n thin info	matica to identify you						
		mation to identify you	case:					
Debt	or 1	Clinton A Pohl First Name	Middle Name	Last Name				
Debt								
(Spous	se if, filing)	First Name	Middle Name	Last Name				
Unite	ed States B	ankruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA				
Case	number	17-22515						
(if know	wn)				_	heck if this is an mended filing		
						G		
Offi	icial Fo	orm 107						
			Affairs for Individ	duals Filing for B	ankruptcy	4/16		
inforr numb	mation. If i	more space is needed, vn). Answer every que	attach a separate sheet to stion.	this form. On the top of any	equally responsible for sup			
Part	<u> </u>		rital Status and Where You	Lived Before				
1. <b>\</b>	wnat is yo	ur current marital statu	IS?					
[ 	<ul><li>■ Marrie</li><li>■ Not ma</li></ul>							
2. [	During the	last 3 years, have you	lived anywhere other than	where you live now?				
ı	■ No							
[	☐ Yes. L	ist all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<b>.</b>			
	Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there		
3. \ states	Within the and territo	last 8 years, did you ev	ver live with a spouse or leg lifornia, Idaho, Louisiana, Ne	gal equivalent in a commun vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and W	(Community property isconsin.)		
	No							
	_	lake sure you fill out Scl	nedule H: Your Codebtors (Of	ficial Form 106H).				
Part	2 Evnl:	ain the Sources of You	r Income	,				
ıaıı	Z Expid	an the odurees of rou	- Income					
F	Fill in the to	tal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?		
□ No								
i	_	ill in the details.						
			Deliterat		Dalifar 0			
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income		
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)		
		1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$288,846.00	☐ Wages, commissions, bonuses, tips			
			☐ Operating a business		☐ Operating a business			

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Debtor 1 Clinton A Pohl

				Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	re deductions and Check all that apply.		Gross income (before deductions and exclusions)		
	r last caler inuary 1 to	ndar year: December	31, 2016 )	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, common bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
		dar year be December		■ Wages, commissions, bonuses, tips	\$-99,753.00	☐ Wages, comn bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
	and other winnings.  List each	public bene If you are fil	fit payments;   ing a joint cas he gross inco	er that income is taxable. Exa- pensions; rental income; inter e and you have income that y me from each source separat	est; dividends; money collector received together, list it constituted together.	eted from lawsuits; re only once under Deb	oyalties; and otor 1.	
				Dobtor 4		Dobtor 2		
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
Fro the	om Januar e date you	y 1 of curre filed for bar	nt year until nkruptcy:	Rental Income	\$1,500.00			
<b>Ра</b> 6.		r Debtor 1's Neither De individual	or Debtor 2' ebtor 1 nor D primarily for a	Made Before You Filed for I s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol re you filed for bankruptcy, die	debts? Imer debts. Consumer debt d purpose."			1(8) as "incurred by an
		□ No. □ Yes	Go to line 7 List below e paid that cre not include	• • • • • • • • • • • • • • • • • • • •	d a total of \$6,425* or more into the definition of the definition	in one or more payr gations, such as chil	nents and th ld support a	nd alimony. Also, do
	■ Yes.			r both have primarily consure you filed for bankruptcy, di		I of \$600 or more?		
		■ No. □ Yes	include pay	ach creditor to whom you pai ments for domestic support ol this bankruptcy case.		•	•	
	Creditor	's Name an	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
					paid	Juli Offic		

Case 17-22515-GLT Doc 22 Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Page 30 of 51 Document ase number (if known) 17-22515 Debtor 1 Clinton A Pohl Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number The Mews of Town North v Clint Collection Common Pleas □ Pending Pohl 436 Grant Street □ On appeal AR-16-003440 Pittsburgh, PA 15219 Concluded Collection Sysco Corp and Sysco Pgh v Common Pleas □ Pending Sauce Inc d/b/a Sauce and Clinton 436 Grant Street □ On appeal A. Pohl Pittsburgh, PA 15219 Concluded GD-16-17938 Feliz G. Fukui v Cocunutz Beach Contract/Collectio **Common Pleas** □ Pending Inc, d/b/a Rumfish Gril, Clinton 436 Grant Street n □ On appeal Pohl and Sauce Inc Pittsburgh, PA 15219 □ Concluded GD-17-8138 Disputed Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Official Form 107

Describe the action the creditor took

Amount

Yes. Fill in the details.
Creditor Name and Address

Date action was

taken

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Case number (if known) 17-22515 Document Debtor 1 Clinton A Pohl 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. п Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address payment transferred or transfer was Email or website address made

\$310.00

Person Who Made the Payment, if Not You

Samuel M. DiFatta, Esq.

Tarentum, PA 15084 difatta1015@comcast.net

P.O. Box 23

June 19, 2017

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Debtor 1 Clinton A Pohl

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No  Yes Fill in the details						
	Yes. Fill in the details.  Person Who Was Paid  Address	Description and v	alue of any property	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No	business or financial affa nade as security (such as t	nirs? he granting of a securit				
	Person Who Received Transfer Address		Description and value of property transferred payments paid in ex		Date transfer was made		
19.	Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  ■ No  □ Yes. Fill in the details.						
	Name of trust Description and value of the property transferred				Date Transfer was made		
Par	8: List of Certain Financial Accounts, In	nstruments, Safe Deposit	Boxes, and Storage	Units			
	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables?  No Yes, Fill in the details.	year before you filed for	bankruptcy, any safe	e deposit box or other depo	sitory for securities,		
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		ribe the contents	Do you still have it?		
22.	Have you stored property in a storage unit  No	, and the second	home within 1 year b	pefore you filed for bankrup	tcy?		
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		ribe the contents	Do you still have it?		

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		Document 1 age 33 of 31	
Debtor 1	Clinton A Pohl	Case number (if known)	17-2251

Pai	t 9: Identify Property You Hold or Control for	Someone Else						
23.	23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Pai	t 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- ·					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	l sites.						
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an environn	nental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	y release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	■ No							
	Yes. Fill in the details.	0	National of the same	Otatus at the				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	t 11: Give Details About Your Business or Co	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to ar	ny business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership		-					
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting o	-						

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	☐ No. None of the above applies. Go to	o Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper		Employer Identification number Do not include Social Security number or ITIN.				
	(Names), exect, exy, exate and 211 escap	Name of accountant of bookkeeper	Dates bus	siness existed				
	Sauce Inc	Restaraunt/Tavern	EIN:	33-1183799				
	500 Washington Avenue Bridgeville, PA 15017	Vincent E. Ennance CPA	From-To	2007-206				
	Cocunutz Beach Inc 1155 Washington Pike	Restaraunt/Tavern	EIN:	27-3582052				
	Bridgeville, PA 15017	Vincent M. Eannace	From-To	2011-present				
	No Yes. Fill in the details below.  Name Address	Date Issued						
		Data laguad						
	Address (Number, Street, City, State and ZIP Code)							
Part	12: Sign Below							
are to with 18 U.	rue and correct. I understand that making	Financial Affairs and any attachments, and a false statement, concealing property, or so \$250,000, or imprisonment for up to 20 years.  Signature of Debtor 2	obtaining mo	oney or property by fraud in connection				
Date	July 17, 2017	Date						
Did y ■ No	0	ment of Financial Affairs for Individuals Fili	ing for Bankr	uptcy (Official Form 107)?				
		not an attorney to help you fill out bankrupt	cy forms?					
■ No	0							
□ Ye	Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).							

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Fill in this information to identify your case:							
Debtor 1	Clinton A Pohl						
Debtor 2 (Spouse, if filing)							
United States B	Bankruptcy Court for the: Western District of Pennsylvania						
Case number (if known)	17-22515						

Check	Check as directed in lines 17 and 21:						
1	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
<ul> <li>□ 3. The commitment period is 3 years.</li> <li>■ 4. The commitment period is 5 years.</li> </ul>							

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	11: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one	only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-1	1.					
1 th	ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the ie 6 months, add the income for all 6 months and divide the toouses own the same rental property, put the income from the	6-month perional by 6. Fill	iod would I in the res	be March 1 thro sult. Do not inclu	ough August 31. If the am ide any income amount r	nount of your monthly incom more than once. For examp	ne varied during le, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	ne, and cor	mmissio	ons (before all	\$4,607.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not incluColumn B is filled in.	ıde paymer	nts from	a spouse if	\$0.00	\$	
4.	All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your housel and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3	<b>ort.</b> Include nold, your d a spouse or	e regular lepende	contributions nts, parents,	\$ 0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or	farm \$	0.00	Copy here ->	<b>0.00</b>	\$	
6.	Net income from rental and other real property	Debtor	1				
	Gross receipts (before all deductions)	\$		0.00			
	Ordinary and necessary operating expenses	\$	5	0.00			
	Net monthly income from rental or other real property	\$	25	Copy 0.00 here ->	\$ 250.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Case number (if known)

17-22515

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 4.857.00 4,857.00 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 4,857.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 4,857.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 4,857.00 15a. Copy line 14 here=>\_\_\_\_ Multiply line 15a by 12 (the number of months in a year). **x** 12 58,284.00 15b. The result is your current monthly income for the year for this part of the form.

Clinton A Pohl

Debtor 1

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Debtor 1 Clinton A Pohl Case number (if known) 17-22515

16	. Calculate the median family income that applies to	ou. Follow these steps:		
	16a. Fill in the state in which you live.	PA		
	16b. Fill in the number of people in your household.	1		
	16c. Fill in the median family income for your state and	size of household.		<sub>\$</sub> 51,138.00
	To find a list of applicable median income amounts instructions for this form. This list may also be ava	s, go online using the link specified in		·
17	. How do the lines compare?	., .,		
	17a.			
	17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	lation of Your Disposable Income		
Par	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 1	1	\$	4,857.00
19.	contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4) allows you to d	leduct part of your	0.00
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	<b>-</b> \$_	0.00
	19b. Subtract line 19a from line 18.			\$4,857.00
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b			\$4,857.00
	Multiply by 12 (the number of months in a year).			<b>x</b> 12
	20b. The result is your current monthly income for the y	ear for this part of the form		\$ 58,284.00
	20c. Copy the median family income for your state and	size of household from line 16c		\$51,138.00
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the court, on the top of	page 1 of this form, check bo	x 3, The commitment
	■ Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	lless otherwise ordered by the court, o	on the top of page 1 of this for	m, check box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that	he information on this statement and	in any attachments is true and	d correct.
)	( /s/ Clinton A Pohl			
	Clinton A Pohl Signature of Debtor 1			
	Date July 17, 2017			
	MM / DD / YYYY			
	If you checked 17a, do NOT fill out or file Form 122C-2.	his form. On line 20 of that form assu	vyour current monthly income	from line 14 shave
	If you checked 17b, fill out Form 122C-2 and file it with	ins ionn. On line 39 or that form, copy	y your current monthly income	nomme 14 above.

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					•			
Fill in t	his information to	identify your case:						
Debtor	1 Clinton A	Pohl						
Dobioi	Ciliton	FOIII						
Debtor								
(Spous	e, if filing)							
United	States Bankruptcy C	ourt for the: Wester	n District of Pennsylv	rania				
Case n	umber <b>17-22515</b>				_	<b>-</b>		
(if know	/n)					☐ Check if th	is is an amende	d filing
	Form 122C-2		/ Di					
Cna	oter 13 Cal	culation of	Your Dispos	sable ir	ncome			04/16
Commit Be as c	tment Period (Officon) omplete and accur	al Form 122C-1). ate as possible. If tw	ted copy of <i>Chapter</i> o married people are	e filing toge	ther, both are equa	illy responsib	le for being accu	rate. If more
		separate sheet to thi ir name and case nu	s form, Include the I Imber (if known).	line number	to which additiona	ll information	applies. On the to	op any
Part 1:	Calculate You	Deductions from Yo	our Income					
the c	questions in lines 6	-15. To find the IRS s	National and Local S standards, go online nkruptcy clerk's offic	e using the li				
expe	nses if they are high	er than the standards	-15 regardless of you b. Do not include any c you subtracted from you	operating exp	enses that you subt	racted from inc	come in lines 5 and	
If you	ur expenses differ fro	om month to month, er	nter the average expe	ense.				
Note	: Line numbers 1-4 a	are not used in this for	m. These numbers ap	pply to inform	nation required by a	similar form us	ed in chapter 7 ca	ses.
5.	The number of peo	ple used in determi	ning your deduction	s from inco	me			
	plus the number of		claimed as exemption lents whom you suppo				1	
Natio	onal Standards	You must use th	ne IRS National Stand	dards to answ	ver the questions in I	ines 6-7.		
			the number of people d, clothing, and other		in line 5 and the IRS	S National	\$	639.00
	the dollar amount for people who are 65 of	r out-of-pocket health	Using the number of process. The number of er people have a higher duct the additional am	people is spl er IRS allowa	lit into two categories ance for health car co	speople who	are under 65 and	

Case 17-22515-GLT Doc 22 Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Document Page 39 of 51 **Clinton A Pohl** 17-22515 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 49.00 Copy here=> \$ 49.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 49.00 49.00 Copy total here=> \$ Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 477.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 841.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Farmers National Bank of Emlenton** \$ 634.00 **Farmers National Bank of Emlenton** \$ 374.00 The Mews of Town North 275.00 \$ Copy Repeat this amount 1,283.00 1,283.00 9b. Total average monthly payment here=> on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$\_\_\_\_\_\_Copy here=> \$\_\_\_\_\_\_0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

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Page 40 of 51 Clinton A Pohl 17-22515 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 250.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2015 Doge Ram Value based on KBB 31,500-34,000 13a. Ownership or leasing costs using IRS Local Standard..... 485.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment The Huntington National Bank 635.00 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 635.00 635.00 Copy net Vehicle 1 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Copy Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00

Official Form 122C-2

Public Transportation expense allowance regardless of whether you use public transportation.

not claim more than the IRS Local Standard for Public Transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

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Debtor 1 Clinton A Pohl Case number (if known) 17-22515

		In addition to the expense d the following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soci	al security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxes ive a tax i	. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from the strict of the expected refund by 12 for taxes.	\$	1,265.00
17.	<b>Involuntary deductions:</b> T contributions, union dues, a	, ,	uctions tha	at your job re	quires, such as retirement		
	Do not include amounts that	are not required by your job	b, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	ents that you make for your r life insurance on your depe	spouse's	term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: administrative agency, such Do not include payments on	as spousal or child support	payments	S	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20.	Education: The total month						
	as a condition for your jo				·		
	for your physically or me	ntally challenged dependent	t child if no	o public educ	ation is available for similar services.	\$	0.00
21.		y amount that you pay for ch	hildcare, s	uch as babys	sitting, daycare, nursery, and preschool.	\$	0.00
22.		n and welfare of you or your	depende	nts and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payments for health insurar	ce or health savings accour	nts should	be listed only	y in line 25.	\$	0.00
23.	for you and your dependent phone service, to the extent income, if it is not reimburse Do not include payments for	s, such as pagers, call waitin necessary for your health and by your employer. basic home telephone, inte	ng, caller ind welfare	dentification, e or that of yo	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted.	+\$	0.00
24.	Add all of the expenses al Add lines 6 through 23.	lowed under the IRS expe	nse allow	ances.		\$	2,680.00
	Add all of the expenses al Add lines 6 through 23. litional Expense Deduction	·	eductions	allowed by th		\$	2,680.00
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabilit	s These are additional d Note: Do not include a	eductions ny expens	allowed by the allowances count expen		<u> </u>	2,680.00
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabilitinsurance, disabilitinsurance, disability insuran	s These are additional d Note: Do not include a	eductions ny expens	allowed by the allowances count expen	s listed in lines 6-24.  ses. The monthly expenses for health	<u> </u>	2,680.00
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disabilit insurance, disability insuran your dependents.	s These are additional d Note: Do not include a	eductions ny expens avings ac ounts that	allowed by the allowances count expensare reasonab	s listed in lines 6-24.  ses. The monthly expenses for health	<u> </u>	2,680.00
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabilitinsurance, disability insurance, your dependents.  Health insurance	These are additional danger in Note: Do not include a sy insurance, and health sace, and health sace, and health savings acco	eductions ny expens avings ac ounts that	allowed by the se allowances count expensare reasonab	s listed in lines 6-24.  ses. The monthly expenses for health	<u> </u>	2,680.00
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance	These are additional danger in Note: Do not include a sy insurance, and health sace, and health sace, and health savings acco	eductions ny expens avings ac ounts that	allowed by the se allowances count expensare reasonab 0.00 0.00	s listed in lines 6-24.  ses. The monthly expenses for health	<u> </u>	2,680.00
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account  Total	These are additional di Note: Do not include a ry insurance, and health sa ce, and health savings acco	eductions ny expens avings ac ounts that	allowed by the se allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account	These are additional donote: Do not include a sy insurance, and health sace, and health sace, and health savings according to tall amount?	eductions ny expens avings ac ounts that	allowed by the se allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to	These are additional donote: Do not include a sy insurance, and health sace, and health sace, and health savings according to tall amount?	eductions ny expens avings ac ounts that	allowed by the se allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason	These are additional divote: Do not include a sy insurance, and health sace, and health sace, and health savings accordant amount?  The care of household of the care of household of the care of your immediate family who	eductions ny expens avings ac ounts that  \$ \$  \$  r family m and suppo- o is unable	allowed by the allowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r	
25. 26.	Add lines 6 through 23.  ditional Expense Deduction  Health insurance, disability insurance, disability insurancy our dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reasy your household or member include contributions to an approtection against family yes	These are additional dinote: Do not include a sy insurance, and health sace, and health sace, and health savings accordant amount?  To the care of household or onable and necessary care a for your immediate family whicecount of a qualified ABLE projects.	s s s s s s s s s s s s s s s s s s s	allowed by the se allowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r \$	0.00

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20	Clinton A Pohl		Case number (if kn	own)	17-2	2515		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insu	rance and opera	ting e	xpense	s on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er		y costs included i	in exp	enses	on line		
	You must give your case trustee document amount claimed is reasonable and necessary		nust show that th	e ado	litional		\$	0.0
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The mo	onthly expenses ( 18 years old to a	not m	ore tha a priva	n te or		
	You must give your case trustee document claimed is reasonable and necessary and r		nust explain why	the a	mount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun or	or after the date	of ac	ljustmei	nt.	\$	0.0
	Additional food and clothing expense. T higher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standa						
	To find a chart showing the maximum addit instructions for this form. This chart may also			separ	ate			
	You must show that the additional amount of	claimed is reasonable and necessary.					\$	21.0
	Continuing charitable contributions. The instruments to a religious or charitable orga		oute in the form of	f cash	or fina	ncial		
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$_	21.00
Ded	uctions for Debt Payment							
lo	For debts that are secured by an interest pans, and other secured debt, fill in lines	33a through 33e.						
		ent, add all amounts that are contractus						
	reditor in the 60 months after you file for ba	ent, add all amounts that are contractuankruptcy. Then divide by 60.	ily due to each se				Avor	aga manthly
			ny due to each se				Aver	age monthly nent
	Mortgages on your home					.=>		
С	Mortgages on your home	nkruptcy. Then divide by 60.				=>	payn	nent
С	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	nkruptcy. Then divide by 60.				.=> .:-	payn	1,283.00
33a. 33b.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	nkruptcy. Then divide by 60.				.=>	\$\$	1,283.00 635.00
с 33а.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	nkruptcy. Then divide by 60.					payn	1,283.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	nkruptcy. Then divide by 60.				.: .:=> .::=>	\$\$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	nkruptcy. Then divide by 60.		Doe	s paymo	=> => ent	\$\$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	nkruptcy. Then divide by 60.		Doe inclu	s paymode taxe	=> => ent	\$\$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.		Doe incluor in	s paymo de taxe surance No	=> => ent	\$ \$ \$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	nkruptcy. Then divide by 60.		Doe inclu	s paymode taxe	=> => ent	\$\$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.		Doe incluor in	s paymo de taxe surance No	=> => ent	\$ \$ \$	1,283.00 635.00
33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.		Doe incluor in	s paymode taxes surance No Yes	=> => ent	\$ \$ \$	1,283.00 635.00
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33a. 33b. 33c. 33d.	Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	nkruptcy. Then divide by 60.		Doe incluor in	s paymode taxesurance No Yes No Yes No	=> => ent es es	\$ \$ \$	1,283.00 635.00

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Debtor 1	Clin	ton A Pohl			Case	number (if known)	17-22515		
			ine 33 secured by your prim your support or the support						
I	□ No.	Go to line 35.							
I	Yes.	listed in line 33, to keep p	ou must pay to a creditor, in accossession of your property (clin the information below.						
Naı	me of the	creditor	Identify property that secu	ires the debt	T	otal cure amount		onthly c	ure
	rmers l	National Bank of	295 Elm Street Pittsb Allegheny County		\$	5,850.00	<b>0</b> ÷ 60 = \$		97.50
	rmers l	National Bank of	295 Elm Street Pittsk Allegheny County		\$	3,875.00	<b>O</b> ÷60 = \$		64.58
Th	e Mew	s of Town North	295 Elm Street Pittsk Allegheny County	ourgh, PA 15	\$	7,405.00	<b>o</b> ÷ 60 = \$		123.42
							Сору		
					Total \$	285.	50 total here=>	. \$	285.50
			such as a priority tax, child of your bankruptcy case? 1			t			
ı	□ No.	Go to line 36.							
I	Yes.		all of these priority claims. Doubt as those you listed in line		urrent or				
		Total amount of all past	-due priority claims		\$	285.0	<b>90</b> ÷ 60	\$	4.75
36. <b>I</b>	Projecte	d monthly Chapter 13 pla	an payment		\$				
t -	Office of the Exec To find a l	the United States Courts ( utive Office for United Stat ist of district multipliers that inc	s stated on the list issued by t for districts in Alabama and N es Trustees (for all other distr cludes your district, go online usin ist may also be available at the b	North Carolina) ricts). ng the link specifi	or by X ed in the		Copy tota	ı	
,	Average	monthly administrative exp	pense			\$	here=>		
37.		of the deductions for de es 33e through 36.	bt payment.					\$	2,208.25
Tota	al Deduc	tions from Income							
38.	Add all	of the allowed deductions	S.						
		ne 24, All of the expenses a e allowances	allowed under IRS	\$	2,680.00				
	Copy lin	ne 32, All of the additional	expense deductions	\$	21.00				
	Copy lin	ne 37, All of the deductions	s for debt payment	+\$	2,208.25	_			
	Total de	eductions		\$	4,909.25	Copy total here	=>	\$	4,909.25

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**Clinton A Pohl** Case number (if known) 17-22515 Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 4.857.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 4.909.25 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 4.909.25 4.909.25 here=> -\$ -52.25 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Clinton A Pohl
Clinton A Pohl
Signature of Debtor 1

Date July 17, 2017
MM / DD / YYYYY

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-22515-GLT Doc 22 Filed 07/17/17 Entered 07/17/17 19:06:23 Desc Main Document Page 50 of 51

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Pennsylvania

In r	re Clinton A Pohl	•	Case No.	17-22515
		Debtor(s)	Chapter	13
	DISCLOSURE OF COME	PENSATION OF ATTORN	EY FOR DE	CBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplating	filing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have receive	ved	\$	0.00
			\$	4,000.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person unl	ess they are meml	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the			
5.	In return for the above-disclosed fee, I have agreed t	to render legal service for all aspects of	f the bankruptcy c	ase, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cred. [Other provisions as needed]         Negotiations with secured creditors reaffirmation agreements and applications of the secured creditors of the secured creditors.</li> </ul>	statement of affairs and plan which madeditors and confirmation hearing, and at to reduce to market value; exempations as needed; preparation and	ay be required; any adjourned hear ption planning;	rings thereof;
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.	d fee does not include the following se dischargeability actions, judicia	rvice: I lien avoidance	es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for page	yment to me for re	epresentation of the debtor(s) in
	July 17, 2017	/s/ Samuel M. DiFatt	a	
_	Date	Samuel M. DiFatta Signature of Attorney Samuel M. DiFatta PO Box 23 Tarentum, PA 15084 724-882-5175 difatta1015@comca		
		Name of law firm		

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## United States Bankruptcy Court Western District of Pennsylvania

In re	Clinton A Pohl		Case No.	17-22515
		Debtor(s)	Chapter	13

VE	VERIFICATION OF CREDITOR MATRIX			
The above-named Debtor hereby verif	es that the attached list of creditors is true and correct to the best of his/her knowledge			
Date: <b>July 17, 2017</b>	/s/ Clinton A Pohl			
	Clinton A Pohl			
	Signature of Debtor			